SANT BABA GURU GHASIDAS JI MEMORIAL GOVT. HOSPITAL, RAIGARH (C.G.)
NEONATAL CASE RECORD SHEET
(Developed by UNICEF for NHM)

NICU Reg. No. .....

Doctor Incharge ..... UHID No. .....

Baby of (Mother's Name)			Sex: Male / Female
Father's Name			Category: General / OBC / SC / ST
Complete Address with Village Name / Ward No.			
Telephone No.	1. 2.		
Date and Time of Birth	...../...../20.....	Birth Weight (Kg) :	Birth Reg. No. :
Date and Time of Admission	...../...../20.....	Age on Admission :	Wt. on Admission (Kg) :
Date and Time of Discharge	...../...../20.....	Age on Discharge :	Wt. on Discharge (Kg) :
Type of Admission	Inborn / Out born (Health Facility Referred) / Out born (Community Referred)		
Place of Delivery	Home / Ambulance/ Pvt. Hospital / Govt. Hospital (Name) :		
Referred From		Mode of Transport : Self Arranged / Govt. Provided	

Indication for Admission (✓ The most relevant single indication. If multiple indication additionally mention all relevant numbers in the end as per priority)

1. Prematurity <34 weeks
2. Low Birth Weight <1800 gm.
3. Perinatal Asphyxia
4. Neonatal Jaundice
5. Resp. Distress (Rate>60 or Grunt / Retractions)
6. Large Baby (>4 Kg. at 40 weeks)
7. Refusal to Feed
8. Central Cyanosis
9. Apnea / Gasping
10. Neonatal Convulsions
11. Baby of Diabetic mother
12. Oliguria
13. Abdominal Distension
14. Hypothermia <35.4 °C
15. Hyperthermia >37.5 °C
16. Hypoglycemia <45 mg%
17. Shock : Cold Periphery with CFT >3 sec & Weak Fast Pulse
18. Meconium Aspiration
19. Bleeding
20. Diarrhoea
21. Major Congenital Malformation
22. Unconsciousness
23. Miscellaneous (.....)
24. **Multiple Indication -** Mention All Relevant Numbers: a ..... b ..... c ..... d .....

Provisional Diagnosis:

***Final Diagnosis (✓ The most relevant single diagnosis. If multiple causes additionally mention all relevant numbers in the end as per sequence)**

- ELBW (999 gm or less) : P 07.0
- Other LBW (1000 gm – 2499 gm) : P 07.1
- Extreme Immaturity (<28 Weeks) : P 07.2
- Prematurity (28-<37 Weeks) : P 07.3
- Small for Gestational Age (IUGR) : P 05.1
- Neonatal Aspiration of Meconium : P 24.0
- RDS of Newborn (HMD) : P 22.0
- Transient Tachypnoea of Newborn : P 22.1
- Pneumothorax : P 25.1
- Congenital Pneumonia : P 23
- Acquired Pneumonia : J 15
- Primary Sleep Apnoea of Newborn : P 28.3
- Birth Asphyxia : P 21.0
- HIE of Newborn : P 91.6
- Neonatal Sepsis : P 36.9
- Meningitis : G 00
- Convulsions of Newborn : P 90 (Hypoxic, Hypoglycaemic, Hypocalcaemic, CNS Infections, Birth Trauma, Metabolic, Other, Unknown Cause)
- Hemolytic disease of Newborn : P 55
- Neonatal Jaundice : P 59
- Acute Renal Failure : N 17
- Neonatal Cardiac Failure : P 29.0
- Shock : R 57
- DIC : P 60
- Intraventricular Hemorrhage : P 52.3
- Neonatal Diarrhoea : A 09
- Tetanus Neonatorum : A 33
- Hypothermia of Newborn : P 80
- Environmental Hyperthermia of Newborn : P 81.0
- Neonatal Hypoglycaemia : P 70.4
- Congenital Malformation ;
  (a) Cong. Diaphragmatic Hernia : Q 79.0
  (b) Cong. Hydrocephalus : Q 03
  (c) Meningomyelocele : Q 05
  (d) Imperforate anus : Q 42.3
  (e) T.O. Fistula : Q 39.2
  (f) Congenital Heart Disease : Q 21
- Others (.....)
- **Multiple Diagnosis-Mention All Relevant Codes :** a ..... b ..... c ..... d .....

***(Based on WHO, ICD - 10 Version: 2010)**

This Sheet has to be filled on Admission by Doctor on Duty

MOTHER'S INFORMATION : Past History and ANC Period

Mother's Age ..... Yrs. Mother's Wt .....Kgs. Age at Marriage.....Yrs.

Consanguinity : Yes [ ] No [ ] Birth Spacing: < 1 Year / 1-2 Year / >2-3 Year / > 3 Year

Gravida :..... Para :..... Live Birth :..... Abortion: .....

LMP : ...../...../..... EDD : ...../...../..... Gestation Weeks : .....

Antenatal Visit's : None / 1 / 2 / 3 / 4 T.T. Doses : None / 1 / 2

Hb : ..... Blood Group : .....

PIH : Hypertension / Pre Eclampsia / Eclampsia

Drug : No [ ] Yes [ ] (.....) Radiation : Yes [ ] No [ ]

Illness : Malaria / T.B. / Jaundice / Rash with Fever / U.T.I. / Syphilis/ Other (.....)

APH : Yes [ ] No [ ] GDM : Yes [ ] No [ ]

Thyroid : Euthyroid (N) / Hypothyroid / Hyperthyroid / Not Known

VDRL : Not Done / + Ve / -Ve HbsAg : Not Done / + Ve / -Ve

HIV Testing : Done / Not Done

Other Significant Information :

MOTHER'S INFORMATION : During Labour

Antenatal Steroids : Yes [ ] No [ ] If Yes, No. of doses [1] [2]

Time Between Last Dose & Delivery ..... hrs./ ..... Days

Foul Smelling Discharge : Yes [ ] No [ ] Uterine Tenderness: Yes [ ] No [ ]

Leaking P.V. > 24 Hours. : Yes [ ] No [ ]

H/O Fever : In 1st Trimester / In 2nd Trimester / In 3rd Trimester / During Labor only if >100.4F

PPH : Yes [ ] No [ ] PIH : Hypertension / Pre Eclampsia / Eclampsia

Amniotic Fluid : Clear / Blood Stained / Meconium Stained / Foul Smelling

Presentation : Vertex / Breech / Transverse Labour : Spontaneous / Induced

Course of Labour : Uneventful / Prolonged 1st stage / Prolonged 2nd stage / Obstructed

E/O Foetal Distress : Yes [ ] No [ ] Type of Birth : LSCS / AVD / NVD

Indication for Caesarean, If Applicable : [Cephalo Pelvic Disproportion] [Malpresentation] [Placenta Previa] [Obstructed Labor] [Foetal Distress] [Any Other .....]

Delivery Attended by : [Doctor] [Nurse] [ANM] [Dai] [Any Other].....

Other Significant Information :

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BABY'S INFORMATION: At Birth

Cried Immed. after Birth	: Yes [ ] No [ ]	Wt. at Birth: ..... Kgs.
Gestational age	: ..... In completed weeks	Maturity : Preterm (<37 Wk) / Full term / Post term (>42 Wk)
Resuscitation Required	: NO [ ] Yes [ ] Tactile Stimulation /Only Oxygen / Bag & Mask [Duration.....min.]/ Intubation / Chest Compression / Adrenaline	
Vitamin K Given	: Yes [ ] No [ ]	Breast Fed within 1 Hour : Yes [ ] No [ ]

BABY'S INFORMATION : On Admission

PRESENTING COMPLAINTS:

GENERAL EXAMINATION

General Condition	: [Alert] [Lethargic] [Comatose]	Temperature .....°C Heart Rate...../min
Apnea	: Yes [ ] No [ ]	RR ...../min.
Grunting	: Yes [ ] No [ ]	Chest Indrawing : Yes [ ] No [ ]
Head Circumference	: .....c.m.	
Color	: Pink / Pale / Central Cyanosis / Peripheral Cyanosis	
CRT >3 secs	: Yes [ ] No [ ]	Skin pinch > 2 secs : Yes [ ] No [ ]
Cry	: Absent / Feeble / Normal / High Pitch	
Tone	: Limp / Active / Increase Tone	Convulsions : Present on Admission / Past History / No
Jaundice	: Yes [ ] No [ ] If Yes, extent [Face] [Chest] [Abdomen] [Legs] [Palms / Soles]	
Bleeding	: Yes [ ] No [ ] If Yes ,specify site [Skin] [Mouth] [Rectal] [Umbilicus]	
Bulging Anterior Fontanel	: Yes [ ] No [ ]	Taking Breast Feeds : Yes [ ] No [ ]
Sucking	: [Good] [Poor] [No Sucking]	Attachment : [Well attached] [Poorly attached] [Not attached]
Umbilicus	: [Red] [Discharge] [Normal]	Skin Pustules : [No] [Yes <10] [Yes >=10] [Abscess]
Congenital Malformation	: No [ ] Yes [ ] Hydrocephalus / M.M.C. / Imperforate Anus / Cleft Palate / Cleft Lip / Cleft Palate with Cleft Lip /Cong. Deformity of Hip / Cong. Deformity of Feet / Other.....	
Blood Sugar	:	Oxygen Saturation :.....
Other Significant Information	:	

If Information is Not Available, Leave the Field Blank, Do Not ✓ No [ ]

SYSTEMIC EXAMINATION

CVS : .....

RESPIRATORY : .....

PER ABDOMEN : .....

CNS : .....

OTHER SIGNIFICANT FINDING : .....

TREATMENT ADVISED : On Admission

INVESTIGATIONS ADVISED : On Admission

Doctor's Name and Signature

सहमति पत्र

हमें डॉक्टर द्वारा बता दिया गया है कि हमारा शिशु गंभीर रूप से बीमार है एवं उपचार के दौरान होने वाली जटिलताओं से हमें अवगत करा दिया गया है तथा हमें पूर्ण रूप से विदित है कि उपचार के दौरान समस्याऐं उत्पन्न हो सकती हैं। इन सभी खतरों से अवगत होने के बादा भी हम हमारे बच्चे को नवजात शिशु स्थिरीकरण इकाई (एन.बी.एस.यू.) में उपचार हेतु भर्ती कराने के लिये सहमत हैं।

Foot Print of Newbom
(Left Foot)

अभिभावक के हस्ताक्षर

FINAL OUTCOME

Successfully Discharged / Left Against Medical Advice / Referred / Expired

In Case of Death : Mention Cause of Death (✓ The Most Relevant Cause of Death)

1. Respiratory Distress Syndrome
2. Meconium Aspiration Syndrome
3. HIE / Moderate-Severe Birth Asphyxia
4. Sepsis
5. Pneumonia
6. Meningitis
7. Major Congenital Malformation
8. E.L.B.W. (Wt. less than 1000g)
9. Prematurity (<28 weeks of Gestation)
10. Neonatal Tetanus
11. Cause not established
12. Any Other : .....

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